

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52	/					
3		/					53	/					
4		/					54	/					
5		/					55	/					
6		/					56		/				
7	/						57		/				
8		/					58		/				
9	/						59	/					
10	/						60	/					
11		/					61	/					
12		/					62		/				
13	/						63		/				
14	/						64		/				
15	/						65		/				
16		/					66		/				
17		/					67		/				
18	/						68						
19	/						69						
20		/					70						
21		/					71						
22		/					72						
23		/					73						
24	/						74						
25		/					75						
26	/						76						
27		/					77						
28	/						78						
29		/					79						
30	/						80						
31	/						81						
32	/						82						
33	/						83						
34	/						84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39	/						89						
40	/						90						
41		/					91						
42	/						92						
43	/						93						
44	/						94						
45	/						95						
46	/						96						
47	/						97						
48	/						98						
49	/						99						
50		/					100						
TOTAL IND.							TOTAL IND.	35					
TOTAL DEP.							TOTAL DEP.	32					
TOTAL CLAIMS							TOTAL CLAIMS	67					